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JC15 U.S. PTO

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4-6-01

PTO/SB/50 (08-00)

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REISSUE PATENT APPLICATION TRANSMITTAL

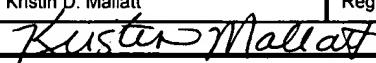
Address to: Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	39262/256238
	First Named Inventor	J. Charles Taylor
	Original Patent Number	5,891,143
	Original Patent Issue Date (Month/Day/Year)	April 6, 1999
	Express Mail Label No.	EL572470492US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input checked="" type="checkbox"/> Offer to Surrender original U.S. Patent <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	
3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format (amended, if appropriate)	9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i>	
4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations	
5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) <i>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</i>	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i>	
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i>	12. <input checked="" type="checkbox"/> Preliminary Amendment	
 <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
 <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney	14. <input type="checkbox"/> Other: _____	

14. CORRESPONDENCE ADDRESS

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NAME (Print/Type)	Kristin D. Mallatt	Registration No. (Attorney/Agent)	46,895
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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A)	Total Claims (37 CFR 1.16(j))	(B)	****	X\$ _____ =		X\$ _____ =	04/05/01
(C)	Independent Claims (37 CFR 1.16(i))	(D)	*	=		X\$ _____ =	JC903 U.S. 827252
				Basic Fee (37 CFR 1.16(h))			\$ _____
				Total Filing Fee		OR	\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 14	MINUS	**	*	X\$ _____ =	X\$ _____ =		
Independent Claims (37 CFR 1.16(i))	*** 1	MINUS	*****	=	X\$ _____ =	X\$ _____ =		
					Total Additional Fee	\$	OR	\$710.00

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancelation of claims

**** If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 27 CFR 1.27.

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The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 11-0855.
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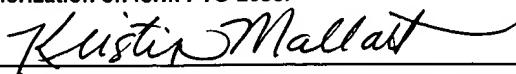
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April 5, 2001

Date



Signature of Applicant, Attorney or Agent of Record

Kristin D. Mallatt, Reg. No. 46,895

Typed or printed name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JC903 U.S. PTO
09/027252
04/05/01



APPLICANTS: J. Charles Taylor and PATENT NO. 5,891,143
Harold S. Taylor

SERIAL NO.: GROUP ART UNIT:

FILED: April 5, 2001 EXAMINER:

FOR: ORTHOPAEDIC FIXATION PLATE

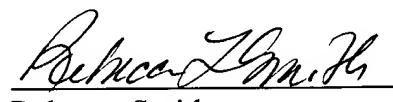
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CERTIFICATE OF MAILING (37 C.F.R. 1.10)

Sir:

I hereby certify that this Reissue Patent Application Transmittal, along with any paper referred to as being attached or enclosed, is being deposited with the United States Postal Service on the date shown above in an envelope as "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10, Mailing Label No. EL572470492US addressed to Box Reissue, Commissioner for Patents, Washington, D.C. 20231.


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